

Fill in this information to identify the case:

United States Bankruptcy Court for the:

____ District of Delaware
(State)Case number (if known): _____ Chapter 7☐ Check if this is an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy**

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Essential Associates Holdings LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names, and *doing business* as names3. Debtor's federal Employer Identification Number (EIN) 8 4 - 3 5 6 8 7 2 6

4. Debtor's address

Principal place of business

343 W Erie Street

Number Street

Suite 230ChicagoIL60654

City

State

ZIP Code

Cook County

County

Mailing address, if different from principal place of business

Number Street

P.O. Box

City

State

ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City

State

ZIP Code

5. Debtor's website (URL) https://essentialradiology.com

Debtor Essential Associates Holdings LLC Case number (if known) _____
 Name

6. Type of debtor

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify: _____

7. Describe debtor's business*A. Check one:*

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6 2 1 3

8. Under which chapter of the Bankruptcy Code is the debtor filing?*Check one:*

- ☒ Chapter 7
☐ Chapter 9
☐ Chapter 11. *Check all that apply:*

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

Debtor Essential Associates Holdings LLC
Name

Case number (if known) _____

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?☒ No☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____
MM / DD / YYYY**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**☒ No☐ Yes. Debtor _____ Relationship _____District _____ When _____
MM / DD / YYYY

List all cases. If more than 1, attach a separate list.

Case number, if known _____

11. Why is the case filed in this district?*Check all that apply:*☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?**

Number _____ Street _____

City _____ State ZIP Code _____

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

Debtor **Essential Associates Holdings LLC**
Name

Case number (if known)

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- ☒ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000
- ☐ 50-99 ☐ 5,001-10,000 ☐ 50,001-100,000
- ☐ 100-199 ☐ 10,001-25,000 ☐ More than 100,000
- ☐ 200-999

15. Estimated assets

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
- ☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
- ☒ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
- ☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

16. Estimated liabilities

- ☐ \$0-\$50,000 ☒ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
- ☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
- ☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
- ☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/17/2024
MM / DD / YYYY



Signature of authorized representative of debtor

Lauren Palazzolo

Printed name

Title Class B Member, Board of Managers, Authorized Restructuring Representative

Debtor Essential Associates Holdings LLC
Name

Case number (if known) _____

18. Signature of attorney

 /s/ Evan T. Miller
Signature of attorney for debtor

Date 04/18/2024
MM / DD / YYYY

Evan T. Miller

Printed name

Saul Ewing LLP

Firm name

1201 N. Market St., Suite 2300

Number Street

Wilmington

City

DE 19801
State ZIP Code

(302) 421-6800

Contact phone

evan.miller@saul.com

Email address

5364

Bar number

DE

State

Fill in this information to identify the case and this filing:

Debtor Name Essential Associates Holdings LLC

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number (If known): _____

Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors****12/15**

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☒ Other document that requires a declaration List of Creditors and Corporate Ownership Statement

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/17/2024
MM / DD / YYYY

x /s/ Lauren Palazzolo
Signature of individual signing on behalf of debtor

Lauren Palazzolo
Printed name
Class B Member, Board of Managers, Authorized Restructuring Representative
Position or relationship to debtor

B2030 (Form 2030) (12/15)

United States Bankruptcy Court

_____ District Of Delaware

In re

Case No. 24-_____ ()

Debtor

Chapter 7**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ 50,000.00Prior to the filing of this statement I have received \$ 50,000.00Balance Due \$ 0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; and
- b. Preparation and filing of any petition, schedules and statements of affairs which may be required.

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Anything other than preparing, reviewing and filing the debtor's chapter 7 petition, schedules of assets and liabilities and statement of financial affairs and attending the section 341 meeting.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

4/18/2024
Date

/s/ Evan T. Miller
Signature of Attorney

Saul Ewing LLP
Name of law firm

Fill in this information to identify the case:

Debtor name Essential Associates Holdings LLC

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number (If known): _____

☐ Check if this is an amended filing

Official Form 206Sum**Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>0</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>250,247.63</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>250,247.63</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>0</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>2,214,527.20</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+ \$ <u>1,961,899.33</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>4,176,426.53</u>

Fill in this information to identify the case:Debtor name Essential Associates Holdings LLCUnited States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**

\$ _____

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. Chase Bank	Checking	3 5 1 7	\$ 120.01
3.2. Chase Bank	Checking	9 6 5 5	\$ 1,395.91

4. Other cash equivalents (Identify all)

4.1. Chase Bank	Saving account	3779	\$ 175.46
4.2. _____			\$ _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 1,691.38**Part 2:** Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit	
7.1. _____	\$ _____
7.2. _____	\$ _____

Debtor Essential Associates Holdings LLC Case number (if known) _____
 Name

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____

8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ 0

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**

11a. 90 days old or less:	<u>395,767.95</u>	-	<u>395,767.95</u>	= →	\$ <u>0</u>
	face amount		doubtful or uncollectible accounts		

11b. Over 90 days old:	<u>10,394.00</u>	-	<u>10,394.00</u>	= →	\$ <u>0</u>
	face amount		doubtful or uncollectible accounts		

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 0

Part 4: Investments**13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____

14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____

15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____

16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ 0

Debtor

Essential Associates Holdings LLC

Name

Case number (if known)

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
23. Total of Part 5				\$ 0

Add lines 19 through 22. Copy the total to line 84.

24. Is any of the property listed in Part 5 perishable?

- ☐ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
_____	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
_____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
_____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
_____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
_____	\$ _____	_____	\$ _____

Debtor

Essential Associates Holdings LLC

Name

Case number (if known)

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ 0

34. **Is the debtor a member of an agricultural cooperative?**

- ☐ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No
- ☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____

36. **Is a depreciation schedule available for any of the property listed in Part 6?**

- ☐ No
- ☐ Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
_____	\$ _____	_____	\$ _____
40. Office fixtures			
_____	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software			
Computers and Software	\$ 168,556.25	_____	\$ 168,556.25
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 168,556.25

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
- ☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**☒ No. Go to Part 9.☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
49. Aircraft and accessories			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
_____	\$ _____	_____	\$ _____
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ 0

52. Is a depreciation schedule available for any of the property listed in Part 8?☐ No☐ Yes**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**☐ No☐ Yes

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 101 South Tryon Street, Suite 2700	Office rental	\$ 0		\$ 0
55.2 Charlotte, NC 28280		\$		\$
55.3		\$		\$
55.4		\$		\$
55.5		\$		\$
55.6		\$		\$

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 0

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
Website	\$ 80,000.00		\$ 80,000.00
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property			
65. Goodwill			

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ 80,000.00

Debtor

Essential Associates Holdings LLC

Name

Case number (if known)

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
☒ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

_____ — _____ = ➔ \$ _____
Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

_____ \$ _____

_____ \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 0

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 1,691.38	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 0	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 0	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 0	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 168,556.25	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 0	
88. Real property. <i>Copy line 56, Part 9.</i> →		\$ 0
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 80,000.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 0	
91. Total. Add lines 80 through 90 for each column..... 91a.	\$ 250,247.63	+ 91b. \$ 0
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 250,247.63

Fill in this information to identify the case:Debtor name Essential Associates Holdings LLCUnited States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number (If known): _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1 Creditor's name**Describe debtor's property that is subject to a lien**

\$ _____ \$ _____

Creditor's mailing address

Describe the lien**Creditor's email address, if known**

Is the creditor an insider or related party?

- ☐ No
☐ Yes

Date debt was incurred _____**Is anyone else liable on this claim?**

- ☐ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Last 4 digits of account number _____**Do multiple creditors have an interest in the same property?**

- ☐ No
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

2.2 Creditor's name**Describe debtor's property that is subject to a lien**

\$ _____ \$ _____

Creditor's mailing address

Describe the lien**Creditor's email address, if known**

Is the creditor an insider or related party?

- ☐ No
☐ Yes

Date debt was incurred _____**Is anyone else liable on this claim?**

- ☐ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Last 4 digits of account number _____**Do multiple creditors have an interest in the same property?**

- ☐ No
☐ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

- ☐ Yes. The relative priority of creditors is specified on lines _____

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ _____

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2. Creditor's name	Describe debtor's property that is subject to a lien	
		\$ _____ \$ _____
Creditor's mailing address		
	Describe the lien	
Creditor's email address, if known	Is the creditor an insider or related party?	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Date debt was incurred	Is anyone else liable on this claim?	
Last 4 digits of account number	<input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).	
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:	
<input type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines ____		

2. Creditor's name	Describe debtor's property that is subject to a lien	
		\$ _____ \$ _____
Creditor's mailing address		
	Describe the lien	
Creditor's email address, if known	Is the creditor an insider or related party?	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Date debt was incurred	Is anyone else liable on this claim?	
Last 4 digits of account number	<input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).	
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:	
<input type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines ____		

Fill in this information to identify the case:

Debtor Essential Associates Holdings LLC

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with **PRIORITY** Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1** Priority creditor's name and mailing address

Anjan Prabhushwamy
15933 Winesprings Drive, San Diego, CA 92127

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (4)

As of the petition filing date, the claim is: \$ 139,400.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Total claim**Priority amount**

\$ 15,150.00

2.2 Priority creditor's name and mailing address

Arizona Department of Revenue
55 N Center St, Mesa, AZ 85201

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is: \$ 2,872.02

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

\$ 2,872.02

2.3 Priority creditor's name and mailing address

Diagnostic Services LLC (Ernest Ostermann)
7364 North Shore Dr., South Haven, MI 49090

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (4)

As of the petition filing date, the claim is: \$ 134,966.50

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

\$ 15,150.00

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.4 Priority creditor's name and mailing address \$ 66,350.00 \$ 15,150.00

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Dix Hill Radiology PC (Matthew Smith)
 7 Talburn Lane, Dix Hills, NY 11746

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

2.5 Priority creditor's name and mailing address \$ 21,565.00 \$ 15,150.00

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Dr Charlotte Lansky
 307 South Clark Dr, Unit 3, Los Angeles, CA 90048

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

2.6 Priority creditor's name and mailing address \$ 23,365.00 \$ 15,150.00

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Dr Gaurav Rana
 1717 S. Ave, Unit 609, Chicago, IL 60616

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

2.7 Priority creditor's name and mailing address \$ 40,275.00 \$ 15,150.00

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Dr Jaehoon Shin
 3892 Sacramento St. APT2, San Francisco, CA 94118

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.8 Priority creditor's name and mailing address

\$ 140,192.44

\$ 15,150.50

Dr Masood Siddiqui

16782 Brooklane Blvd., Northville, MI 48168

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

2.9 Priority creditor's name and mailing address

\$ 13,770.00

\$ 13,770.00

Dr Michael Herron

1132 SE Kings Bay Drive, Crystal River, FL 34429

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

2.10 Priority creditor's name and mailing address

\$ 28,065.00

\$ 15,150.50

Dr Naveed Khan

211 S. Crapo St., Suite F, MT Pleasant, MI 48858

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

2.11 Priority creditor's name and mailing address

\$ 29,220.00

\$ 15,150.50

Dr Jessica Caraway

239 Piccadilly Circle, Bossier City, LA 71111

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.12 Priority creditor's name and mailing address

\$ 669,115.93

\$ 15,150.00

Dr Roger Ramos

10754 Versailles Blvd

Wellington, FL 33449

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

2.13 Priority creditor's name and mailing address

\$ 253,750.00

\$ 15,150.00

Dr Seth Crapp

1501 West Horatio Street #224 Tampa, FL. 33406

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

2.14 Priority creditor's name and mailing address

\$ 2,100.00

\$ 2,100.00

Dr Shiraz Rahim

1250 W Bauer Rd, Naperville, IL 60563

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

2.15 Priority creditor's name and mailing address

\$ 122,715.00

\$ 15,150.00

Dr William Avery Jr

337 Broomsedge Trail, Apt 301, Chattanooga, TN 37405

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.16 Priority creditor's name and mailing address

\$ 4,009.48

\$ 4,009.48

Elkhart County Taxes

117 N 2nd St # 201, Goshen, IN 46526

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

2.17 Priority creditor's name and mailing address

\$ 11,758.20

\$ 11,758.20

Illinois Department of Revenue

PO BOX 19047. SPRINGFIELD IL 62794

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

2.18 Priority creditor's name and mailing address

\$ 454,562.06

\$ 454,562.06

Internal Revenue Services

525 W Van Buren St, Chicago, IL 60607

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

2.19 Priority creditor's name and mailing address

\$ 3,125.08

\$ 3,125.08

Michigan Department of Treasury

P.O. Box 30756 Lansing, MI 48909

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

Part 1.

Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount
2.20	<div><div>Priority creditor's name and mailing address</div><div>Minnesota Department of Revenue 600 Robert St N, St Paul, MN 55101</div><div>Date or dates debt was incurred</div><div>Last 4 digits of account number</div><div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</div></div>	<div><div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div><div>Basis for the claim:</div><div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div></div> <div>\$ 8,068.58</div>	<div>\$ 8,068.58</div>
2.21	<div><div>Priority creditor's name and mailing address</div><div>North Carolina Department of Revenue 501 North Wilmington Street, Raleigh, North Carolina</div><div>Date or dates debt was incurred</div><div>Last 4 digits of account number</div><div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</div></div>	<div><div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div><div>Basis for the claim:</div><div>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</div></div> <div>\$ 996.00</div>	<div>\$ 996.00</div>
2.22	<div><div>Priority creditor's name and mailing address</div><div>Oregon Department of Revenue 951 SW Simpson Ave, Bend, OR 97702</div><div>Date or dates debt was incurred</div><div>Last 4 digits of account number</div><div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</div></div>	<div><div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div><div>Basis for the claim:</div><div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div></div> <div>\$ 5,779.86</div>	<div>\$ 5,779.86</div>
2.23	<div><div>Priority creditor's name and mailing address</div><div>VIP Radiology Consultant PLLC (Dr Jessica Fazekas) 8130 Chianti Lane, Naples, FL, 34114</div><div>Date or dates debt was incurred</div><div>Last 4 digits of account number</div><div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</div></div>	<div><div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div><div>Basis for the claim:</div><div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div></div> <div>\$ 29,220.00</div>	<div>\$ 15,150.00</div>

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.24 Priority creditor's name and mailing address

\$ 2,971.12

\$ 2,971.12

Wisconsin Dept of Revenue

819 N 6th St, Milwaukee, WI 53203

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

2.25 Priority creditor's name and mailing address

\$ 6,314.93

\$ 6,314.93

Indiana Department of Revenue

100 N Senate Ave, Indianapolis, IN 46204

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

2. Priority creditor's name and mailing address

\$

\$

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) ()

2. Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$

\$

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) ()

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address 3M Health Information System Inc 575 West Murray Boulevard, Salt Lake City, Utah, 84123 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 5,555.55 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address Alchemy Anderson 831 N 6th Ave Apt. 216 Phoenix, AZ 85003 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 1,527.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address CallTastic Ventures LLC 100 Wilshire Blvd #700, Santa Monica, CA 90401 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 24,262.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address Chambliss, Bahner, & Stophel 605 Chestnut St #1700, Chattanooga, TN 37450 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 38,630.50 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	Nonpriority creditor's name and mailing address Foster Crown 38 S Main St #1020, Oconomowoc, WI 53066 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 61,384.12 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address Girish Venkateswaran 1650 Zilker Court, Lucas, TX 75002 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 2,925.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	Nonpriority creditor's name and mailing address Gould & Ratner LLP 222 N La Salle St # 300, Chicago, IL 60601 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 30,928.00
3.8	Nonpriority creditor's name and mailing address Industrious 215 Park Ave S 11th floor, New York, NY 10003 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 14,994.88
3.9	Nonpriority creditor's name and mailing address Kantola 55 Sunnyside Ave, Mill Valley, CA 94941 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 995.00
3.10	Nonpriority creditor's name and mailing address KBST&M 307 International Cir #620, Hunt Valley, MD 21030 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 6,950.00
3.11	Nonpriority creditor's name and mailing address Lifetrack Medical Systems Unit 1801, Alveo Park Triangle Tower, 11th Avenue, Corner 32nd St, Taguig, Philippines Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 83,543.22

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.12	Nonpriority creditor's name and mailing address Mark Scruggs markscruggs020@gmail.com _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 50,000.00
3.13	Nonpriority creditor's name and mailing address Medical Search International 23 Vreeland Rd Suite 110, Florham Park, NJ 07932 _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 813,000.00
3.14	Nonpriority creditor's name and mailing address Otherwise Incorporated 900 N Western Ave, Chicago, IL 60622 _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 110,000.00
3.15	Nonpriority creditor's name and mailing address ProTouch Staffing Healthcare 1701 Legacy Dr, Suite#1100, Frisco, Texas 75034 _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 450,785.06
3.16	Nonpriority creditor's name and mailing address Focus Medical Imaging 215 E Las Tunas Dr, San Gabriel, CA 91775 _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 184,338.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.17	Nonpriority creditor's name and mailing address South Florida Imaging 11801 SW 90th St Suite 102, Miami, FL 33186 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 82,081.00
3.18	Nonpriority creditor's name and mailing address Elk Grove Internal Medicine Associates 800 Biesterfield Rd, Elk Grove Village, IL 60007 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ TBD
3.19	Nonpriority creditor's name and mailing address University Medical Center of Southern Nevada 1800 W Charleston Blvd, Las Vegas, NV 89106 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ TBD
3.____	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
3.____	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____

Part 3:

List Others to Be Notified About Unsecured Claims

4. **List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2.** Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.2. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.3. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.1. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.5. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.6. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.7. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.8. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.9. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.10. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.11. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1**

5a.

\$ 2,214,527.20

5b. **Total claims from Part 2**

5b.

+

\$ 1,961,899.33

5c. **Total of Parts 1 and 2**

5c.

\$ 4,176,426.53

Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Debtor name Essential Associates Holdings LLC

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number (If known): _____ Chapter _____

☐ Check if this is an amended filing

Official Form 206G**Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	Office No CLTBOA028, for \$3,225.38 a month	INDUSTRIOUS CHA 101 S TRYON LLC 101 S. Tryon Street Suite 2700 Charlotte, NC 28280
	State the term remaining	Until July 31, 2024	
	List the contract number of any government contract	A00018093	Christina Jaeger
2.2	State what the contract or lease is for and the nature of the debtor's interest	Teleradiology services agreement	Rad Consultants, Ltd 717 E Pittsburgh St Greensburg, PA 15601
	State the term remaining	Until 12/16/2024	
	List the contract number of any government contract		Srinivas Annamraju
2.3	State what the contract or lease is for and the nature of the debtor's interest	Teleradiology services agreement	Indiana Regional Medical Center 835 Hospital Rd Indiana, PA 15701
	State the term remaining	Unitl 5/1/2026	
	List the contract number of any government contract		Steve Wolfe
2.4	State what the contract or lease is for and the nature of the debtor's interest	Teleradiology services agreement	University Medical Center of Southern Nevada 800 W Charleston Blvd Las Vegas, NV 89106
	State the term remaining	Unitl 11/30/2026	
	List the contract number of any government contract		Mason Van Houweling
2.5	State what the contract or lease is for and the nature of the debtor's interest	Teleradiology services agreement	Lake Medical Imaging 734 N 3rd St, Leesburg, FL 34748
	State the term remaining	Unitl 11/1/2026	
	List the contract number of any government contract		Troy Purcell

Essential Associates Holdings LLC

Debtor

Name

Case number (if known)

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.6	State what the contract or lease is for and the nature of the debtor's interest	Teleradiology services agreement	Focus Medical Imaging 215 E Las Tunas Dr San Gabriel, CA 91775
	State the term remaining	Haven't started the services yet	
	List the contract number of any government contract		James Lin
2.7	State what the contract or lease is for and the nature of the debtor's interest	Teleradiology services agreement	Universal Radiology Partners LLC 2326 S Congress Ave, Suite 2D West Palm Beach, FL 33406
	State the term remaining	Haven't started the services yet	
	List the contract number of any government contract		Daniel Ghiragossian
2.8	State what the contract or lease is for and the nature of the debtor's interest	Teleradiology services agreement	University of Florida for its Department of Radiology 653 8th St W, Jacksonville, FL 32209
	State the term remaining	Unitl 6/1/2025	
	List the contract number of any government contract		Linda Edwards
2.9	State what the contract or lease is for and the nature of the debtor's interest	Staffing agency	Medical Search International 23 Vreeland Rd Ste 110, Florham Park, NJ 07932
	State the term remaining		
	List the contract number of any government contract		Ben Weintraub
2.10	State what the contract or lease is for and the nature of the debtor's interest	Staffing agency	Foster Crown 38 S Main St #1020, Oconomowoc, WI 53066
	State the term remaining		
	List the contract number of any government contract		Steve May
2.11	State what the contract or lease is for and the nature of the debtor's interest	Staffing agency	Protouch Staffing 4544 W 103rd St #201, Oak Lawn, IL 60453
	State the term remaining		
	List the contract number of any government contract		
2.12	State what the contract or lease is for and the nature of the debtor's interest	Staffing agency	RADlinX LLC 229 Fox Chase Dr Duncansville, PA 16635
	State the term remaining		
	List the contract number of any government contract		

Fill in this information to identify the case:Debtor name Essential Associates Holdings LLCUnited States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number (If known): _____

☐ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****12/15****Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.****1. Does the debtor have any codebtors?**☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☐ Yes**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the code debtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.****Column 1: Codebtor****Column 2: Creditor****Name****Mailing address****Name***Check all schedules that apply:*

2.1	_____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5	_____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6	_____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

Name

Case number (if known)

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address		Name	Check all schedules that apply:
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____		_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____		_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____		_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____		_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____		_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____		_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____		_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____		_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name Essential Associates Holdings LLC

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 207**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy** 04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year			Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>1/1/2024</u> MM / DD / YYYY	to Filing date	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>1,720,374.85</u>
For prior year:	From <u>1/1/2023</u> MM / DD / YYYY	to <u>12/31/2023</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>2,264,262.69</u>
For the year before that:	From <u>1/1/2022</u> MM / DD / YYYY	to <u>12/31/2022</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>94,303.00</u>

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

			Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From _____ MM / DD / YYYY	to Filing date	_____	\$ _____
For prior year:	From _____ MM / DD / YYYY	to _____ MM / DD / YYYY	_____	\$ _____
For the year before that:	From _____ MM / DD / YYYY	to _____ MM / DD / YYYY	_____	\$ _____

Debtor Essential Associates Holdings LLC
Name

Case number (if known) _____

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. See attachment #1 Creditor's name Street City State ZIP Code		\$ 748,277	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. Creditor's name Street City State ZIP Code		\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Michael Rabern Insider's name 4227 Murrayhill Rd, Street Charlotte NC 28209 City State ZIP Code	1/1/2023 to 3/31/2024	\$ 218,705.17	Guaranteed Payment
Relationship to debtor _____			
4.2. Howard Asch Insider's name 3845 Pleasant Valley Road, Street York PA 17406 City State ZIP Code	1/1/2023 3/31/2024	\$ 89,559.78	Gauranteed Payment
Relationship to debtor _____			

Debtor Essential Associates Holdings LLC
Name

Case number (if known) _____

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property
5.1. Creditor's name _____ Street _____ City State ZIP Code	_____ _____ _____	_____ _____ _____	\$ _____ _____ _____
5.2. Creditor's name _____ Street _____ City State ZIP Code	_____ _____ _____	_____ _____ _____	\$ _____ _____ _____

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name _____ Street _____ City State ZIP Code	_____ _____ _____	_____ _____ _____	\$ _____ _____ _____
Last 4 digits of account number: XXXX- ____ _			

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

Breach of contract

☐ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. ASSOCIATES IN MEDICINE- EAST v. ESSENTIAL ASSOCIATES HOLDINGS, LLC	Breach of contract	Court of Common Pleas in Allegheny County, Pennsylvania Name 414 Grant Street, Street Pittsburgh PA 15219 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number GD-23-006825			
7.2. ELK GROVE IMAGING ASSOCIATES v. ESSENTIAL ASSOCIATES, LLC	Breach of contract	Court of Cook County, Illinois Name 50 W Washington St #801, Street Chicago IL 60654 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number W26236874			

Debtor Essential Associates Holdings LLC Case number (if known) _____
 Name

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
W3Global, Inc. Custodian's name 1701 Legacy Dr # 1000, Street Frisco TX 75034 City State ZIP Code	On behalf of ProTouch Inc	\$ 450,785.06
Case title		Court name and address
Case number		Name
05345427		Street
Date of order or assignment		City State ZIP Code
March 19, 2024		

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Radiological Society of North America Recipient's name 820 Jorie Blvd # 200, Street Oak Brook IL 60523 City State ZIP Code	Sponsorship donation for meeting Q1 2024		\$ 1,750.00
Recipient's relationship to debtor			
9.2. Recipient's name			\$
Street			
City State ZIP Code			
Recipient's relationship to debtor			

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost
			\$

Debtor Essential Associates Holdings LLC
Name

Case number (if known) _____

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	SAUL EWING LLP		3/19/2024	\$ 50,000
	Address			
	1201 N Market St Ste 2300,			
	Street			
	Wilmington DE 19801			
	City State ZIP Code			
	Email or website address			
	evan.miller@saul.com			
	Who made the payment, if not debtor?			

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.				\$ _____
	Address			
	Street			
	City State ZIP Code			
	Email or website address			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
			\$ _____
Trustee			

Debtor Essential Associates Holdings LLC Case number (if known) _____
 Name

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____	_____	_____	\$ _____
Address			
Street _____			

City _____	State _____	ZIP Code _____	
Relationship to debtor			

13.2. _____	_____	_____	\$ _____
Address			
Street _____			

City _____	State _____	ZIP Code _____	
Relationship to debtor			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy
14.1. 101 South Tryon Street, Suite 2700 Street _____	From 8/1/2023 To _____
Charlotte NC 28280 City State ZIP Code	
14.2. _____ Street _____	From _____ To _____

City State ZIP Code	

Debtor Essential Associates Holdings LLC
Name

Case number (if known) _____

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Type text here

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.1. See attachment # 2 Facility name	Teleradiology Services	
---	------------------------	--

Street	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
--------	---	-----------------------

City	State	ZIP Code
------	-------	----------

Check all that apply:

- ☒ Electronically
- ☐ Paper

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.2. Facility name		
---------------------	--	--

Street	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
--------	---	-----------------------

City	State	ZIP Code
------	-------	----------

Check all that apply:

- ☐ Electronically
- ☐ Paper

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained. patient name, DOB and medical record number or transmitted along with medical imaging. information is stored in company's Picture Archiving and Communication System (PACs)

Does the debtor have a privacy policy about that information?

- ☐ No
- ☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

- ☐ No. Go to Part 10.
- ☐ Yes. Fill in below:

Name of plan	Employer identification number of the plan
--------------	--

	EIN: ____ - ____ - ____
--	-------------------------

Has the plan been terminated?

- ☐ No
- ☐ Yes

Debtor Essential Associates Holdings LLC Case number (if known) _____
 Name

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units
18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Name _____ Street _____ City _____ State _____ ZIP Code _____	XXXX-____-____-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2.	Name _____ Street _____ City _____ State _____ ZIP Code _____	XXXX-____-____-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____ Address _____ _____	_____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____ Address _____ _____	_____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Essential Associates Holdings LLC Case number (if known) _____
Name

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own
21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
Name			\$ _____
Street			
City State ZIP Code			

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number	Name		<input type="checkbox"/> Pending
	Street		<input type="checkbox"/> On appeal
	City State ZIP Code		<input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

Debtor Essential Associates Holdings LLC Case number (if known) _____
Name

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	_____
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☐ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. <u>Essential Radiology, P.A.</u> Name <u>2161 Palm Beach Lakes Blvd, # 407</u> Street <u>West Palm Beach, FL 33406</u> City State ZIP Code	<u>See attachment # 3</u>	EIN: _____ Dates business existed From <u>9/5/2023</u> To <u>Filing date</u>
25.2. <u>Business name and address</u> Name Street City State ZIP Code	<u>Describe the nature of the business</u>	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____
25.3. <u>Business name and address</u> Name Street City State ZIP Code	<u>Describe the nature of the business</u>	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____

Debtor Essential Associates Holdings LLC Case number (if known) _____
 Name

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Dates of service
26a.1. Dan Courmoyer (The NFT CPA) Name PO Box 665 Street Rockford MI 49341 City State ZIP Code	From 4/2023 To Present

Name and address	Dates of service
26a.2. James Weber Name JimWeber@Comcast.net Street City State ZIP Code	From 1/2023 To 4/2023

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

Name and address	Dates of service
26b.1. _____ Name _____ Street _____ _____ City State ZIP Code	From _____ To _____

Name and address	Dates of service
26b.2. _____ Name _____ Street _____ _____ City State ZIP Code	From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Golden Vision Capital Americas Name 343 W Erie St, Suite 230 Street Chicago IL 60654 City State ZIP Code	_____ _____ _____

Debtor Essential Associates Holdings LLC Case number (if known) _____
 Name

Name and address

If any books of account and records are unavailable, explain why

26c.2.

Name

Street

City

State

ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

26d.1.

Name

Street

City

State

ZIP Code

Name and address

26d.2.

Name

Street

City

State

ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.1.

Name

Street

City

State

ZIP Code

Debtor Essential Associates Holdings LLC Case number (if known) _____
 Name _____

Name of the person who supervised the taking of the inventory

Date of
inventory

The dollar amount and basis (cost, market, or
other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.2.

Name _____

Street _____

City _____

State _____

ZIP Code _____

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
GVC Americas Growth Fund I, LP	343 W Erie St, Suite 23, Chicago, IL 60654	Class B members, Board of Managers	49.98%
Howard Asch	3845 Pleasant Valley Road, York, PA 17406	Class A member, Former Board Member, Former CBO	24.82%
Michael Rabern	4227 Murrayhill Rd, Charlotte, Nc 28209-4738	Class A member, Former Board Member, Former CEO	24.82%
MGR Capital	San Francisco, California 94107, mikeryan@mgr.capital	CRD#7355830	0.38%
Lauren Palazzolo	343 W Erie St, Suite 23, Chicago, IL 60654	Authorized Restructuring Representative	N/A

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No

☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Michael Rabern	4227 Murrayhill Rd, Charlotte, Nc 28209-4738		From 1/2022 To 1/2024
Howard Asch	3845 Pleasant Valley Road, York, PA 17406		From 8/2022 To 4/2024
			From _____ To _____
			From _____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☐ Yes. Identify below.

Name and address of recipient

Amount of money or
description and value of
property

Dates

Reason for
providing the value

30.1.

Howard Asch

\$89,559.78

Gauranteed Payment

Name _____

3845 Pleasant Valley Road, _____

Street _____

York _____

PA _____

17406 _____

City _____

State _____

ZIP Code _____

Relationship to debtor _____

Debtor Essential Associates Holdings LLC Case number (if known) _____
Name

Name and address of recipient\$218,854.17Gauranteed Payment

30.2

Michael RabernName4227 Murrayhill Rd,StreetCharlotteCityNCState28209ZIP Code**Relationship to debtor**

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No☐ Yes. Identify below.**Name of the parent corporation****Employer Identification number of the parent corporation**

EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No☐ Yes. Identify below.**Name of the pension fund****Employer Identification number of the pension fund**

EIN: _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 4/17/2024
MM / DD / YYYY

xLauren PalazzoloPrinted name Lauren Palazzolo

Signature of individual signing on behalf of the debtor
 343 W Erie St, Suite 230

Position or relationship to debtor Class B Member, Board of Managers, Authorized Restructuring Representative

ChicagoIL60654

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No☒ Yes

Attachment # 1

List of Payments or Transfers to Creditor

Posting Date	Description	Amount	Type
1/2/2024	Online ACH Payment 11118680713 To Protouch (_#####7334)	(18,750)	ACH_PAYMENT
1/2/2024	Online ACH Payment 11118680818 To FosterCrown (_###7471)	(26,371)	ACH_PAYMENT
1/11/2024	Online ACH Payment 11119753316 To Protouchstaffing (_#####7334)	(35,718)	ACH_PAYMENT
2/5/2024	Online ACH Payment 11121820904 To FosterCrown (_###7471)	(30,687)	ACH_PAYMENT
2/16/2024	Online ACH Payment 11123160264 To RogerRamos (_#####2443)	(7,004)	ACH_PAYMENT
3/6/2024	Online ACH Payment 11124844152 To FosterCrown (_###7471)	(4,560)	ACH_PAYMENT
3/11/2024	Online ACH Payment 11125291906 To FosterCrown (_###7471)	(4,876)	ACH_PAYMENT
3/15/2024	Online ACH Payment 11125825728 To FosterCrown (_###7471)	(30,678)	ACH_PAYMENT
3/15/2024	Online ACH Payment 11125854911 To RogerRamos (_#####2443)	(3,234)	ACH_PAYMENT
3/19/2024	Online ACH Payment 11125990983 To SaulEwing (_#####3094)	(50,000)	ACH_PAYMENT
4/5/2024	Online ACH Payment 11127866719 To RogerRamos (_#####2443)	(3,416)	ACH_PAYMENT
4/8/2024	Online ACH Payment 11128066310 To FosterCrown (_###7471)	(5,154)	ACH_PAYMENT
4/12/2024	ONLINE DOMESTIC WIRE TRANSFER VIA: FNB OF PA/043318092 A/C: RADLINX LLC DUNCANSVILLE PA 16635	(141,839)	WIRE_OUTGOING
1/2/2024	ORIG CO NAME:CALLTASTIC VENTU	(7,279)	ACH_DEBIT
1/18/2024	ORIG CO NAME:CALLTASTIC VENTU	(11,808)	ACH_DEBIT
2/5/2024	ORIG CO NAME:CALLTASTIC VENTU	(12,131)	ACH_DEBIT
2/16/2024	ORIG CO NAME:CALLTASTIC VENTU	(12,131)	ACH_DEBIT
3/1/2024	ORIG CO NAME:CALLTASTIC VENTU	(12,131)	ACH_DEBIT
3/18/2024	ORIG CO NAME:CALLTASTIC VENTU	(12,131)	ACH_DEBIT
4/4/2024	ORIG CO NAME:CALLTASTIC VENTU	(6,000)	ACH_DEBIT
2/29/2024	ORIG CO NAME:CapitalBlueCross	(7,962)	ACH_DEBIT
3/28/2024	ORIG CO NAME:CapitalBlueCross	(11,387)	ACH_DEBIT
3/29/2024	ORIG CO NAME:CULVER CPA GROUP	(3,000)	ACH_DEBIT
4/12/2024	ORIG CO NAME:CULVER CPA GROUP	(2,500)	ACH_DEBIT
2/13/2024	ORIG CO NAME:FIRST INSURANCE	(17,908)	ACH_DEBIT
1/11/2024	ORIG CO NAME:FIRST INSURANCE	(17,908)	ACH_DEBIT
3/12/2024	ORIG CO NAME:FIRST INSURANCE	(17,908)	ACH_DEBIT
4/11/2024	ORIG CO NAME:FIRST INSURANCE	(17,908)	ACH_DEBIT
4/12/2024	ONLINE DOMESTIC WIRE TRANSFER VIA: FNB OF PA/043318092	(141,839)	WIRE_OUTGOING
4/12/2024	ORIG CO NAME:CULVER CPA GROUP	(2,500)	ACH_DEBIT
4/15/2024	ADOBE *800-833-6687 ADOBE.LY/ENUS CA 04/14	(20)	DEBIT_CARD
4/17/2024	ONLINE DOMESTIC WIRE TRANSFER VIA: FST AMER BK CARPET/071922777 A/C: GOULD AND RATNER LLP ELK GROVE VILLAGE IL 60007 US REF: ATTN: ACCOUNTS RECEIVABLE INVOICE NUMBERS 414891, 414892 TRN: 3493004108ES 04/17	(34,791)	WIRE_OUTGOING
4/17/2024	POS DEBIT LA SEC OF STATE 2259254704 LA	(205)	MISC_DEBIT
4/17/2024	POS DEBIT FEDEX COLLIERVILLE TN	(44)	MISC_DEBIT
4/17/2024	ONLINE DOMESTIC WIRE TRANSFER VIA: FNB OF PA/043318092 A/C: RADLINX LLC DUNCANSVILLE PA 16635	(36,500)	WIRE_OUTGOING

Attachment # 2

List of Clients* and Addresses

#	Legal Name	Address
1	Rad Consultants, Ltd	717 E. Pittsburgh St, Greensburg, PA 15601
2	Indiana Regional Medical Center	835 Hospital Road, Indiana, PA 15701
3	University Medical Center of Southern Nevada	1800 West Charleston Boulevard, Las Vegas, Nevada 89102
4	Lake Medical Imaging	734 N. 3rd Street, Suite 115, Leesburg, FL 34748
5	Focus Medical Imaging	215 E Las Tunas Dr., San Gabriel, CA 91776
6	Universal Radiology Partners LLC	2326 S. Congress Ave, Suite 2D West Palm Beach, FL 33406
7	University of Florida for its Department of Radiology	653 W. 8th Street, Jacksonville, FL 32209
8	Salient Radiology Associates, PLLC	6 Paloma Bend Pl, Spring, Tx 77389

* Clients were provided notice on April 8, 2024 that Essential is filing for Chapter 7. Last day of service was April 9, 2024.

Attachment # 3

Description of the Nature of the Business

Essential Associates Holdings LLC had a 100% wholly-owned subsidiary, Essential Radiology LLC. In September 2023, the prior CEO, converted the entity to Essential Radiology P.A. without Board consent and without receiving a Board Resolution. Essential Radiology P.A.'s ownership was transferred from Essential Associates Holdings LLC to an individual physician.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2023

Re: Document Number P23000065594

The Articles of Conversion and Articles of Incorporation were filed September 6, 2023, with an organizational date deemed effective January 10, 2022, for ESSENTIAL RADIOLOGY, P.A., the resulting Florida corporation.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added. **It is your responsibility to remember to file your annual report in a timely manner.**

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Contact the IRS at 1-800-829-4933 for an SS-4 form or go to www.irs.gov.

Should you have any further questions concerning this matter, please feel free to call (850) 245-6052, the New Filing Section.

KAIN COSTELLO
Regulatory Specialist II
Division of Corporations

Letter Number: 123A00020779

Account number: I20160000072

Amount charged: 105.00

List of Creditors

Anjan Prabhuswamy
15933 Winesprings Drive, San Diego, CA 92127

Arizona Department of Revenue
55 N Center St, Mesa, AZ 85201

Diagnostic Services LLC (Dr. Ernest Ostermann)
7364 North Shore Dr., South Haven, MI 49090

Dix Hill Radiology PC (Dr. Matthew Smith)
7 Talburn Lane, Dix Hills, NY 11746

Dr. Charlotte Lansky
307 South Clark Dr, Unit 3, Los Angeles, CA 90048

Dr. Gaurav Rana
1717 S. Ave, Unit 609, Chicago, IL 60616

Dr. Jaehoon Shin
3892 Sacramento St. APT2, San Francisco, CA 94118

Dr Masood Siddiqui
16782 Brooklane Blvd., Northville, MI 48168

Dr. Michael Herron
1132 SE Kings Bay Drive, Crystal River, FL 34429

Dr. Naveed Khan
211 S. Crapo St., Suite F, MT Pleasant, MI 48858

Dr Jessica Caraway
239 Piccadilly Circle, Bossier City, LA 71111

Dr. Roger Ramos
10754 Versailles Blvd, Wellington, FL 33449

Dr. Seth Crapp
1501 West Horatio Street #224 Tampa, FL. 33406

Dr. Shiraz Rahim
1250 W Bauer Rd, Naperville, IL 60563

Dr William Avery Jr
337 Broomsedge Trail, Apt 301, Chattanooga, TN 37405

Elkhart County Taxes
117 N 2nd St # 201, Goshen, IN 46526

Illinois Department of Revenue
PO BOX 19047. SPRINGFIELD IL 62794

Internal Revenue Services
525 W Van Buren St, Chicago, IL 60607

Michigan Department of Treasury
P.O. Box 30756 Lansing, MI 48909

Minnesota Department of Revenue
600 Robert St N, St Paul, MN 55101

North Carolina Department of Revenue
501 North Wilmington Street, Raleigh, North Carolina

Oregon Department of Revenue
951 SW Simpson Ave, Bend, OR 97702

VIP Radiology Consultant PLLC (Dr Jessica Fazekas)
8130 Chianti Lane, Naples, FL, 34114

Wisconsin Dept of Revenue
819 N 6th St, Milwaukee, WI 53203

Indiana Department of Revenue
100 N Senate Ave, Indianapolis, IN 46204

3M Health Information System Inc
575 West Murray Boulevard, Salt Lake City, Utah, 84123

Alchemy Anderson
831 N 6th Ave Apt. 216 Phoenix, AZ 85003

CallTastic Ventures LLC
100 Wilshire Blvd #700, Santa Monica, CA 90401

Chambliss, Bahner, & Stophel
605 Chestnut St #1700, Chattanooga, TN 37450

Foster Crown
38 S Main St #1020, Oconomowoc, WI 53066

Girish Venkateswaran
1650 Zilker Court, Lucas, TX 75002

Gould & Ratner LLP
222 N La Salle St # 300, Chicago, IL 60601

Industrious
215 Park Ave S 11th floor, New York, NY 10003

Kantola
55 Sunnyside Ave, Mill Valley, CA 94941

KBST&M
307 International Cir #620, Hunt Valley, MD 21030

Lifetrack Medical Systems
Unit 1801, Alveo Park Triangle Tower, 11th Avenue, Corner 32nd St, Taguig, Philippines

Mark Scruggs
markscruggs020@gmail.com

Medical Search International
23 Vreeland Rd Suite 110, Florham Park, NJ 07932

Otherwise Incorporated
900 N Western Ave, Chicago, IL 60622

Protouch Staffing Healthcare
1701 Legacy Dr, Suite#1100, Frisco, Texas 75034

Focus Medical Imaging
215 E Las Tunas Dr, San Gabriel, CA 91775

South Florida Imaging
11801 SW 90th St Suite 102, Miami, FL 33186

Elk Grove Internal Medicine Associates
800 Biesterfield Rd, Elk Grove Village, IL 60007

University Medical Center of Southern Nevada
1800 W Charleston Blvd, Las Vegas, NV 89106

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re

Essential Associates Holdings LLC,

Debtor.¹

Chapter 7

Case No. 24-____ (____)

CORPORATE OWNERSHIP STATEMENT

Pursuant to rules 1007(a)(1) and 7007.1 of the Federal Rules of Bankruptcy Procedure, the above-captioned debtor (the “Debtor”) hereby states that the following entity directly or indirectly owns 10% or more of the Debtor’s membership interests: GVC Americas (49.98%).

¹ The Debtor in this case, along with the last four digits of Debtor’s federal EIN, is Essential Associates Holdings LLC (8726).